

**Centers for Medicare & Medicaid Services
Physician Quality Reporting System and Electronic Prescribing
National Provider Call
Moderator: Geanelle Herring
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Operator: At this time, I would like to welcome everyone to the Physician Quality Reporting System and Electronic Prescribing National Provider Call on the 2011 Electronic Prescribing 10-Month Feedback Report. All lines will remain in a listen-only mode until the question and answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. Thank you for your participation in today's call.

I will now turn the call over to Geanelle Herring. Please go ahead.

Introduction

Geanelle Griffith Herring: Thank you, Holley. Hello, everyone, and I am Geanelle Griffith Herring from the Provider Communications Group here at the Centers for Medicare and Medicaid Services.

I will serve as your moderator today. I'd like to welcome you to the Physician Quality Reporting System and Electronic Prescribing Incentive National Provider Call.

One correction to today's call topic: We'll actually be providing you an overview of the 2013 Electronic Prescribing Payment Adjustment Feedback Report. Once we have completed the formal presentation, we will have a question and answer session to allow you to ask the subject-matter experts gathered here questions that pertain to both programs.

Before we get started, there are a few items that I need to cover. There is a slide presentation for today's call. At 12:52 p.m. Eastern Time, a link to this presentation was e-mailed to all registrants. If you did not receive this e-mail, please check your spam or junk mail folders for an e-mail from the CMS National Provider Call Resource Box.

This call is being recorded and transcribed. An audio recording and written transcript will be posted to the Physician Quality Reporting System Web page as soon as it becomes available. Once you're on the page, please select the CMS Sponsored Calls tab on the left side of the screen. And then you'll find the entry for today's call. All post-call materials will be located there.

I also would like to thank those of you who submitted questions when you registered for today's call. Your questions were shared with the speakers to help prepare slides and remarks for today's session and future calls.

Lastly, we have instituted an evaluation program. We will give you additional information about the evaluation program towards the end of the call.

At this time, I'd like to turn the call over to Dr. Daniel Green from the Office of Clinical Standards and Quality. Dr. Green will provide us with a few brief remarks and then introduce us to the speaker, Miss Molly MacHarris, who will go over today's formal presentation.

Dr. Dan Green?

Announcements

Dr. Daniel Green: Thank you, Geanelle. I'm happy to say that there will be subtitles for those of you that can't understand Geanelle's New York accent on future calls. That's actually just a joke. Sorry.

We'd like to welcome everybody to today's call. Thank you for dialing in. We hope the weather is nice in your area. For those of you in the mid-section, we hope you're getting over that horrendous weather you had over the weekend.

We want to let you all know – of course, we continue – we appreciate your continued interest in the Physician Quality Reporting System and the Electronic Prescribing Incentive Program.

Today we're going to talk about the 2013 eRx Payment Adjustment Feedback Report. We've heard folks' concerns about wanting to get more timely feedback, and this is one of our efforts to address those concerns. So Molly will be giving a great presentation on that.

This interim report is based on partial year reporting data from the Medicare Part B claims with date of service from January 1 through October 31, 2011, that were processed into the National Claims History by December 30, 2011.

This report allows providers to determine their status in meeting the 2011 eRx Incentive Program requirements for being a successful e-prescriber, and thus that would allow them to avoid them the 2013 eRx payment adjustment.

In order to make sure folks have plenty of time for questions, I'm going to limit my remarks, and I'm going to turn the meeting over to Lauren Fuentes for some announcements. We'll go to the presentation after that, and I want to thank everyone again for dialing in today.

Lauren Fuentes: OK, thanks, Dr. Green. We have several announcements for today, so I'll go ahead and get started.

The 2010 Reporting Experience Report, including trends from 2007 to 2011, is now posted and available for viewing on the CMS Web site. This report provides a summary of the reporting experience of eligible professionals who participated in the Physician Quality Reporting System and/or the Electronic Incentive Program – Prescribing Incentive Program in 2010.

In addition, the report includes historical trends as well as preliminary results from the 2011 program year. Again, you can find the 2010 Reporting Experience Report at www.cms.gov/pqrs in the Downloads section on the Overview page.

CMS would like to remind all eligible professionals that the PQRS portal for program year 2011 EHR submissions is still open. The eligible professionals have until April 30, 2012, to submit their EHR data.

Additionally, all eligible professionals submitting EHR data will need to obtain an IACS account. Additional information related to obtaining an IACS account can be viewed on the Quick Reference Guides, which are located on the homepage of the PQRS portal. The Web address for the portal is <https://www.qualitynet.org/portal/server.pt>.

CMS has corrected the error that was identified related to the submission of measure number 235, "Hypertension Plan of Care," for the 2012 Physician Quality Reporting System. The correction to the measure became effective as

of April 2012 to allow providers the ability to submit with the correct G-code. We apologize for any inconvenience this error has caused.

CMS has completed all reviews related to the 2012 eRx payment adjustments. There are some individuals that the agency has decided should be removed from the payment adjustment list, and the results of this are in the process of being transmitted to the carrier/MAC. We plan to notify those individuals who are being removed from the 2012 eRx payment adjustment list.

The Centers for Medicare & Medicaid Services would like to remind eligible professionals that it's time again to review your remittance advice to ensure you receive the N365 codes when reporting eRx codes and/or Physician Quality Reporting System Quality Data Codes, or QDCs, through claims.

This procedure code is not payable. It is for reporting informational purposes only. The N365 code does not indicate whether the eRx G-code or Physician Quality Reporting QDC is accurate for that claim or for the measure the eligible professional is attempting to report. The N365 code only indicates that the eRx G-code or Physician Quality Reporting QDC passed into the National Claims History (daily).

This is a reminder to all eligible professionals and CMS selected group practices that there is still time to report for purposes of avoiding the 2013 eRx payment adjustment. An eligible professional can be exempt from the 2013 payment adjustment if he or she: is not a physician, M.D., D.O., or podiatrist, nurse practitioner, or physician assistant as of June 30, 2012, based on primary taxonomy code in the National Plan and Provider Enumeration System, or NPPES; does not have prescribing privileges; and reports G-code G8644, defined as not having prescribing privileges, at least one time on a claim prior to June 30, 2012; does not have at least 100 cases containing an encounter code in the measures denominator; becomes a successful electronic prescriber—that is, submits the required number of electronic prescriptions, (which is 10 for individual eligible professionals and 2,500 for a group) for a CMS group practice participating in the Group Practice Reporting Option, or GPRO, via claims—and reports this to CMS before June 30, 2012; or requests a significant hardship exemption and CMS approves this request.

Regarding the hardship exemptions, the Communication Support Page is reopened to allow individual eligible professionals and CMS selected group practices the opportunity to request a significant hardship exemption for the 2013 eRx payment adjustment.

The Communication Support Page will accept hardship exemption requests now through June 30, 2012. The Communication Support Page can be accessed under “Related Links” on the home page of the Physician and Other Health Care Professionals Quality Reporting portal, and the Web address for the portal is <https://www.qualitynet.org/portal/server.pt>.

A user manual is available to assist individual eligible professionals and CMS selected group practices in submitting their requests for a hardship exemption. The user manual can be accessed through the “Help” icon on the Communication Support page.

In addition, we have posted a tip for using the Communication Support page on our Web site as an additional resource for individual eligible professionals and groups wanting to submit a significant hardship exemption request for the 2013 eRx payment adjustment.

For additional information on the 2013 eRx payment adjustment, including who is subject to the payment adjustment and how to avoid the payment adjustment, visit the Electronic Prescribing Incentive Program Web site at www.cms.gov/erxincentive.

Specifically, eligible professionals should review the MLN Matters article SE1206, which is titled “2012 eRx Incentive Program – Future Payment Adjustments.”

And lastly, we just want to advise eligible professionals to check the CMS Web site frequently for updates on the Physician Quality Reporting and eRx Incentive Program.

Our next call – our next National Provider Call is scheduled for May 22, 1:30 to 3 p.m. Eastern Standard Time. And we will be discussing the 2013 eRx payment adjustment on that call.

And at this time I'll go ahead and turn the call over to Molly MacHarris for her presentation.

Presentation

Molly MacHarris: Thanks, Lauren.

As Lauren mentioned earlier, the subject of today's call is the 2013 E-Prescribing Payment Adjustment Feedback Report. Just as an additional reminder, the e-prescribing payment adjustment is assessed on an annual basis. And so the purpose of this report is to let eligible professionals have an indicator on whether or not they may be subject to the payment adjustment based off of the initial reporting period.

Let me go ahead and start on the presentation on slide five – so, just an overview of the 2013 e-prescribing payment adjustment eligibility criteria. The 2013 e-prescribing payment adjustment is based on two reporting periods. There is a 12-month reporting period from January 1 to December 31, 2011, and the six-month reporting period, which we are currently in, which is from January 1 through June 30, 2012.

Moving on to slide six, the 2013 e-prescribing payment adjustment will only apply to those individual eligible professionals who meet all of the following criteria:

- They have more than 10 percent of an individual eligible professional's allowed charges for the 2012 eRx six-month reporting period – again, that's the January 1 to June 30, 2012, period – comprised of codes in the denominator of the 2012 e-prescribing measure.
- They meet the taxonomy criteria for doctor of medicine, doctor of osteopathy, doctor or podiatric medicine, nurse practitioner, or physician assistant, based on their NPPES primary specialty taxonomy criterion for the 2012 eRx six-month reporting period.

- They have more than 100 cases containing an encounter code in the measure denominator during the 2012 eRx six-month reporting period or
- They were not successful electronic prescribers for the 2012 eRx six-month reporting period.
- They were not successful electronic prescribers in 2011, and
- They did not request a 2013 e-prescribing hardship exemption.

Moving on to slide seven, the 2013 e-prescribing payment adjustment will only apply to those CMS-selected group practices participating in the 2012 e-prescribing Group Practice Reporting Option, or GPRO, to meet the following criteria:

- They have to have more than 10 percent of the eRx GPRO's allowed charges for the 2012 eRx six-month reporting period, comprised of codes in the denominator of the 2012 eRx measure.
- They were not successful electronic prescribers for the 2012 eRx six-month reporting period, and
- [They] were not successful electronic prescribers in 2011.

Slide eight: I want to show details on this report. The title is the 2013 E-Prescribing Payment Adjustment Feedback Report, and it reflects data from Medicare Part B claims from January 1 through October 31, 2011, dates of service that were processed into the National Claims History by December 31, 2011. It allows providers to determine their status in meeting the 2011 eRx Incentive Program Requirements for being a successful electronic prescriber, and those successful for the 2011 E-Prescribing Incentive Program are automatically exempt from the 2013 e-prescribing payment adjustment for that TIN–NPI combination.

Those unsuccessful for 2011 based on partial-year reporting could avoid the 2013 e-prescribing payment adjustment by meeting the 2012 eRx six-month reporting requirements. So if after viewing this report, if the report indicates that you were not a successful electronic prescriber, you still have until the end of June 30 to either submit your e-prescribing instances or submit a significant hardship if one applies to you.

Another note, this report is available as a TIN- or NPI-level report. And we do have a user guide available to assist eligible professionals, eRx G-codes and their authorized users in accessing and interpreting the 2013 E-Prescribing Payment Adjustment Feedback Report.

Slide nine, an important note – this interim feedback report does not provide the following: Final determination on whether or not the eligible professional or eRx GPRO met satisfactory reporting criteria for the 2011 eRx Incentive Program. That report will be available around the fall of this year. So please don't take this report as final determination for your 2011 e-prescribing status. This is just an interim report to assist with purposes for the 2013 payment adjustment.

Also, please note that this report does not take into account any registry reporting or any reporting through a qualified EHR. This report also does not take into account any 2013 e-prescribing hardship exemptions that have been submitted. And it does not take into account the analysis of the 10 percent threshold or 100 denominator-eligible eRx events from the six-month 2012 reporting period.

Slide 10 – 2013 E-Prescribing Payment Adjustment Feedback Reports will be available for all individual eligible professionals who met the taxonomy criteria as well as eRx G-codes who submitted at least one denominator-eligible Medicare Part B claim with a date of service from January 1 through October 31, 2011, that were processed into the National Claims History by December 30, 2011.

TIN-level reports are available for eligible professionals who reported as individuals and for eRx GPROs. Each TIN will only receive one report, and NPI-level reports are available for individual eligible professionals, including providers who bill through their social security number.

Slide 11 – The formats of the report are available in Adobe, Excel. And there are compatibility packs available if you don't have the software on your computer.

Slide 12 – So the reports are currently available, and they are located on the Physicians and Other Health Care Professionals Quality Reporting portal, or what we commonly refer to as the PQRS portal. That Web site is <http://www.qualitynet.org/pqrs>.

There is a verifiable portal lookup tool over on the bottom of the left-hand side of the screen. You can enter your TIN or your NPI to see if a report exists for you. And the TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid Quality Data Codes. And the interim report will show as eRx if the report is available.

Slide 13 – Again, the TIN-level and eRx GPRO-level reports are available on the portal, and you must have an IACS account to access those reports.

To register through IACS, there are a couple of quick reference guides, and on slide 13 there are links to the Web site where you can go and get your IACS account. And there's additional information on the IACS account process on slide 14.

Slide 15 – some additional system requirements for the portal. You need to have a basic operating system such as Microsoft Windows XP or Microsoft Vista. Your software should be Microsoft Internet Explorer 7.0, and of course you will need access to the Internet to obtain your report.

Slide 16 – TIN-level Reports Content and Appearance. The report generated for each TIN with at least one eligible professional reporting 2011 eRx denominator-eligible event, or for each eRx GPRO TIN.

The TIN-level report is only accessible by the TIN, and it is up to that specific TIN to distribute information in tables one through two, as applicable. The links or size of the report will depend on the number of participants. And the report will show overall reporting details, and there are no breakdowns of each individual NPI for eRx GPRO TIN.

Slide 17 – You can request your NPI-level feedback report via the Quality Reporting Communication Support page, which is also available on the home

page of this portal. That's under – the top left-hand side of the portal. It's the last link – it says "Communication Support Page."

And just to note that NPI-level reports can no longer be requested through the carrier MAC. They can now only be requested through the Communication Support Page. This method is a much quicker and easier method for eligible professionals to receive their reports.

Slide 18 – This slide depicts the Select "Create NPI-level Report Request." Once you click on that, it will take you to slide 19. And the information that must be filled out is the Requestor Contact Information.

You will need to select the program year and report that you are trying to obtain. There is a general user agreement that must be accepted to request the report, and a confirmation e-mail will be sent after a successful report – after your report has been requested.

The report that you want to select is under Program Year 2011, and it's entitled "The 2013 E-Prescribing Payment Adjustment Feedback Report." Now just to repeat that, because I know this point can be confusing. This is under our Program Year 2011, and it's "The 2013 E-Prescribing Payment Adjustment Feedback Report." And the reason that it's situated in that way is because this is based off of 2011 dates of service.

Slide 21 – I've mentioned previously, we do have a user guide to assist with the 2013 E-Prescribing Payment Adjustment Feedback Report. That's available on the E-Prescribing Incentive Program page on cms.gov under the Payment section under Downloads.

Slide 22 – Just a general report overview. The TIN-level feedback reports compile NPI-level information for each eligible professional who reported at least one eRx denominator-eligible service under that TIN for services furnished during the 10-month interim period. As a reminder, e-prescribing GPROs will only have a GPRO TIN-level feedback report.

Claim-level details will not be provided for the 10-month interim period, and eligible professionals who submitted claims or reported under multiple TINs may be subject to a payment adjustment under more than one TIN, if applicable. That's an important point to note. So if you are a provider and you report under multiple TIN or NPI combinations, you would need to meet the e-prescribing payment adjustment criteria under each TIN–NPI combination, or if a hardship applies, you would need to submit a hardship under each TIN–NPI combination.

Slide 23 – If an individual eligible professional or eRx GRPO submits eRx G-code G8553, indicating a valid eRx event, in addition to submitting a hardship or lack of prescribing privileges G-code, G8644, or notifies CMS of a hardship or lack of prescribing privilege for eRx GPROs, the hardship lack of prescribing privilege will take precedence.

The 2012 eRx hardship exemption and lack of prescribing privileges G-code will be reflected in the 2011 eRx Final Feedback Report available later in 2012.

Slide 24 – some additional detail on the report. Table 1 contains reporting details for the Taxpayer Identification Number, or the TIN. Table 2 contains NPI reporting details.

Slide 25 – TIN-level reports—this references Table 1, and there are screenshots of what Table 1 looks like on slide 26. So you will – you will include the following information for each NPI in Table 1 of the feedback report:

- Reporting denominator, the applicable cases that could be reported (and this is the number of events for which the TIN-NPI was eligible to report the measure, if an eRx encounter occurred)
- The reporting numerator, the valid unique eRx G-code reported, the number of reporting events or the eRx QDC submitted that measures specific reporting criteria. At least 25 valid non-hardship eRx G-codes, the G8553 reported during the 12-month reporting period are required to avoid the payment adjustment, and

- “Currently subject to the 2013 e-prescribing payment adjustment.” This indicates whether an eligible professional may be subject to the 2013 e-prescribing payment adjustment based on this preliminary analysis. The eligible professional may still be able to avoid the 2013 payment adjustment if they became a successful electronic prescriber in 2011 by submitting additional QDCs after the October 31, 2011, preliminary analysis, or by meeting the 2012 e-prescribing six-month reporting criteria.

So, again, this report is not a definitive that you are or you are not subject to the payment adjustment. This is just a status check at where your reporting was at the 10-month mark, and whether or not it looks like you were going to meet the E-Prescribing Incentive Program requirements and therefore you would be not subject to the payment adjustment.

If this report indicates that you are subject to the payment adjustment, or, I’m sorry, that you may be subject to the payment adjustment, we highly recommend that you report your e-prescribing instances through the end of June and/or submit a significant hardship as it applies to you.

Moving on to slide 27 – E-prescribing GPROs will receive the following information in Table 1 of the feedback report, and the mock-ups for that are on slides 28 and 29. The reporting denominator, the reporting numerator and, you know, for GPROs – a successful GPRO I participating in eRx as a group was required to submit at least 2,500 eRx G-codes during the reporting period to avoid the payment adjustment.

A successful GPRO II participating in eRx as a group was required to report the following number of eRx QDCs during the reporting period – and this is based off of the GPRO tiers – It ranges from 75 unique visits to 1,875 unique visits.

And, again, the “Currently Subject to the 2013 E-Prescribing Payment Adjustment” column – it’s just a status check. If it says that you are currently subject to the 2013 payment adjustment – that doesn’t mean that there’s still

not time to try and get out of that. You would just need to report the required instances to CMS by June 30 and/or submit a significant hardship exemption.

Moving on to slide 30 – NPI-level reports – and a screenshot of this is available on slide 31. Individual eligible professionals who meet the taxonomy eligibility criteria and submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 2011 eRx interim period, will be able to access an NPI-level report. And this report contains the same or similar information to the TIN-level report.

Slide 32 and 33 provide quite a lot of resources that we have available to eligible professionals. So please take a look at those.

And then slide 34 provides contact information for our help desk. Thank you.

Geanelle?

Polling

Geanelle Griffith Herring: Thank you, Molly. At this time we will pause for just a few minutes to complete the keypad polling so that CMS has an accurate count of the number of participants on the line with us today.

Please note that there may be a moment of silence while we tabulate the results. Holley, we're ready to start polling.

Operator: CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line.

Today, we would like to obtain an estimate of the number of participants in attendance to better document how many members of the provider community are receiving this value information.

At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter one. If there are between two and eight of you listening in, enter

the corresponding number between two and eight. If there are nine or more of you in the room, enter nine. Please hold while we complete the polling.

Once again, if you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room, enter nine. Please continue to hold while we complete the polling.

Question and Answer Session

Thank you for your participation. We will now move in to the Q&A session for this call.

To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking a question and pick up your handset before asking your question to ensure clarity.

Please note your line will remain open during the time that you are asking your question, so anything you say or any background noise will be heard in the conference.

And your first question does come from the line of Sharon Duvall.

Sharon Duvall: Hi, Sharon Duvall with CoxHealth. Can you go a little bit more into the taxonomy?

My question is, what physicians – what type of specialties does this apply to? For example, like emergency room physicians or urgent care centers that are sponsored by the hospital.

Geanelle Griffith Herring: All right. Can you give us a second to compile your answer?

Sharon Duvall: Thank you.

Dr. Daniel Green: So, ma'am, are you asking about the program in general or specifically about the feedback reports?

Sharon Duvall: I'm asking about the payment reduction, specifically.

Dr. Daniel Green: OK. So folks like emergency room physicians are not part of the program. Basically, to be included in the program, 10 percent of your charges have to be comprised of codes that appear in the denominator of the e-prescribing measure, and/or you have to have at least 100 Medicare billable services for codes that appear in the denominator of the measure.

So none of the denominator codes, for example, are emergency room physician codes. Subsequently, the E.R. docs would not be subject to the payment adjustment.

Another example would be pathologists. None of the pathology codes, of course, are in the denominator of the measure. Other examples would include most anesthesiologists unless they're practicing in a pain center.

Anyway, this would give you a few examples of folks that would not be subject to the adjustment.

Sharon Duvall: OK. But an urgent care physician could be, right?

Dr. Daniel Green: If they're – if they're billing E&M codes – code – they certainly could be.

Sharon Duvall: Thank you.

Dr. Daniel Green: Thank you.

Geanelle Griffith Herring: Thanks for your question. Next question, Holley.

Operator: Your next question comes from the line of Blair Barnhart-Hinkle.

Blair Barnhart-Hinkle: Hi, this is Blair Barnhart-Hinkle with the Cleveland Clinic, and I have a question for you about our Florida location.

Florida is a recognized GPRO for 2011 and 2012, and we indicated on our report that we were reporting GPRO eRx in our intent letters. The 2013 eRx penalty report indicates the physician-level individual failures and not group

reporting. And so we wanted to confirm Florida's status for the 2013 eRx penalty timeframe.

So we're trying to understand if the Florida report is not valid as we're going to be a GPRO for the timeframes indicated.

Dr. Daniel Green: Hang on one second.

Geanelle Griffith Herring: Give us one second while we compile your answer.

Dr. Daniel Green: Yes. If you could give us your contact information.

Blair Barnhart-Hinkle: Sure.

Dr. Daniel Green: If somebody from the help desk is listening, if you could follow up please.

Blair Barnhart-Hinkle: Sure.

Dr. Daniel Green: We'll need to take this offline to do a little bit of research.

Blair Barnhart-Hinkle: OK. And then I have one other quick question. I was wondering does the – under hardship codes, does the Meaningful Use still apply for the 2013 penalty year?

Christine Estella: Hi. This is Christine. We actually do not have that as a category where an EP or group practice could apply for a significant hardship exemption.

Blair Barnhart-Hinkle: OK.

Christine Estella: That was only in place for 2012. So 2013 and 2014, no.

Blair Barnhart-Hinkle: OK.

Dr. Daniel Green: If you want to send us your information for the – for our help desk to reach out to you, that would be great.

Blair Barnhart-Hinkle: Sure. So the person that you should probably talk to is Jackie Matthews. Do you have – do you have her e-mail or information? No?

Dr. Daniel Green: We better get it.

Blair Barnhart-Hinkle: Her phone number is 216-444-2047. And do you want her e-mail as well?

Dr. Daniel Green: That'd be great.

Blair Barnhart-Hinkle: It's m-a-t-t-h-e-j-1 – the number one, sorry – at ccs dot o-r-g.

Dr. Daniel Green: Thank you.

Blair Barnhart-Hinkle: Sure.

Geanelle Griffith Herring: Thank you for your question. Holley, next question please.

Operator: Your next question comes from the line of Karen Deaner.

Karen Deaner: Hi. My name is Karen Deaner. I'm calling from Adult Medical Oncology in Little Silver, New Jersey. This is specific only to me, I'm sure.

But we had the reported the G8553 code for 2011 and through a computer glitch, it wasn't transmitted to Medicare. I can write the reports on the computer showing that – how many times I listed the – each patient with the denominator that it corresponded to. But as I said, through a computer glitch, it didn't transmit along with the evaluation and management codes.

So when I saw the 1 percent reduction, I had contacted the help desk, and they said it was not appealable. And so, of course, I had been subject to the 1 percent reduction. But is there anything that I can do? Because it appears as though I am – was not a proper – well, not provider, but, you know, that I did not attempt even to send those codes properly, but yet I did. And I've got the documentation showing, you know, the reports that I can write and how it corresponds to the evaluation and management codes. But yet, through this glitch, I remain as a non-responder. So is there anything I can do?

Dr. Daniel Green: We're having a quick discussion. We'll be right back with you. Just a second.

Karen Deaner: OK. Thank you.

Christine Estrella: Hi, ma'am. Just to – just to kind of clarify our stance on this. We do not have an appeals process for the 2012 payment adjustment applicability.

I understand that you contacted the QualityNet help desk, and the QualityNet help desk has provided us with information on instances such as yours where, for some reason, the G-code was stripped. However, I do need to inform you that we did complete our review of the applicability of the 2012 payment adjustment.

So I suppose in order for me to – or in order for us to kind of determine where your scenario particularly lies, if I can get your contact information and we could get back to you.

Karen Deaner: Certainly, certainly. I appreciate anything. It's Karen Deaner – d-e-a-n-e-r.

Christine Estrella: D-e-a-n-e-r.

Karen Deaner: N-e-r. And my phone number is 732-576-8610.

Aucha Prachanronarong: And, ma'am, do you know if this glitch has been fixed for purposes of the 2013 payment adjustment?

Karen Deaner: I'm having trouble hearing you.

Christine Estrella: We're asking whether or not the glitch has been sent for the 2013 payment adjustment ...

Karen Deaner: Yes. Since 2012. Since, you know, the very first week of 2012, the computer company realized what its mistake was. And, you know, it's been corrected. So everything is going according to plan now. All of my EOBs have the N365 on them.

Aucha Prachanronarong: OK. Thanks.

Geanelle Griffith Herring: Thank you for the question, Miss Deaner. Holley, next question please.

Operator: Your next question comes from the line of Dorothy Pepin.

Dorothy Pepin: Hi. This is Dorothy Pepin from Western Connecticut Health Network.

I had the exact same issue that the last caller had. We actually have three practices in the community who – and three different vendors of billing systems and e-prescribing systems – that have the same issue.

So QualityNet, again, did tell us that it is not appealable. So would it be best to just provide my information, and I can carry it on to the practice that I work on behalf of?

Christine Estrella: Yes. If you could provide me with your information.

Dorothy Pepin: OK. It's Dorothy Pepin – P-e-p-i-n. My number is 203-739-7675.

Christine Estrella: OK.

Geanelle Griffith Herring: Thank you for the question, Miss Pepin.

Dorothy Pepin: Thank you.

Operator: Your next question comes from the line of Jessi Hauan.

Jessi Hauan: Hi. My name is Jessi. I'm calling from Regional Eye Center in Minnesota. And I'm wondering if optometrists are exempt from the 2012–2013 eRx penalty.

Geanelle Griffith Herring: I'm sorry...

Geanelle Griffith Herring: Hi, ma'am.

Geanelle Griffith Herring: Can you repeat the question?

Christine Estrella: I believe. I believe you asked whether or not optometrists were exempt from payment adjustment?

Jessi Hauan: Correct.

Christine Estrella: Right. And they are, actually, because they don't fall within the specialties that we had stated earlier that – where the payment adjustment applies.

Jessi Hauan: OK.

Christine Estrella: That's for 2012, 2013, and 2014.

Jessi Hauan: OK. I've already put in a request to QualityNet to address that, and they have told me, in fact, that optometrists are not exempt. So how can I fight that battle out?

Molly MacHarris: Do you know what your provider's taxonomy listing is?

Jessi Hauan: I do not.

Molly MacHarris: You might want to check with NPES. It's the National Plan Provider Enumeration System. We base our analysis on the primary taxonomy that is associated with the provider, and we identify a provider as a unique TIN, the Tax Identification Number or NPI. So if they have a taxonomy that is something beyond optometrist, that could be the reason why.

Jessi Hauan: OK. All right. Thank you.

Molly MacHarris: Thank you.

Geanelle Griffith Herring: Thank you for the question. Next question, Holley.

Operator: Your next question comes from the line of Deborah Sitzman.

Deborah Sitzman: Hi. This is Deborah Sitzman with Buffalo Neurosurgery Group.

I was wondering if you could either confirm or deny that for the 2013 hardship exemption request, someone other than the provider may submit it.

Christine Estrella: Yes. Someone other than the provider may submit it, so the facility manager or office staff – they may submit it on behalf of the eligible professional. But they do have – the eligible professional does have to authorize the staff to submit on their behalf.

Deborah Sitzman: And how is that authorization done?

Christine Estrella: I would – it would be an agreement between...

Deborah Sitzman: Just internally?

Christine Estrella: Right.

Deborah Sitzman: OK. Great. Thank you very much.

Geanelle Griffith Herring: Thank you for the question.

Operator: And your next question comes from the line of Toni Ambrosy.

Toni Ambrosy: Yes. This is Toni Ambrosy with North Houston Nephrology.

(Inaudible) we have a copy of the Interim Feedback Report. And one of our physicians who joined our group in September of 2011 did not meet the criteria on the preliminary report because – for multiple reasons – coming into the group so late in the year.

So we still have the opportunity for her to be eligible by reporting at least 10 e-prescribing criteria between January and June of 2012. Is that correct?

Molly MacHarris: Yes. That's correct.

Toni Ambrosy: OK. Great. Thank you.

Molly MacHarris: Thank you.

Operator: And your next question comes from the line of Stacie Dawson.

Stacie Dawson: And I am, just like the two other callers – we thought we were doing everything we needed to submit the e-prescribing electronically but that information due to a software glitch was being stripped out. Can I also give you my contact information?

Christine Estella: Hi. This is Christine. Actually, if we receive more calls about this, why don't we just funnel them to the QualityNet help desk? And they will submit it directly to CMS.

Do you have the QualityNet help desk contact information? It's on the slides.

Stacie Dawson: OK. Yes, I will.

Molly MacHarris: It's on slide 34, and just for clarity, the phone number is 866-288-8912. Or they can be contacted via e-mail at qnetsupport@sdps.org.

Stacie Dawson: OK. And should I reference something in particular? Because I had initially, you know, like your first caller, gone through the help desk.

Christine Estella: Stacie the help desk will submit your question to CMS directly. So I suppose, if you just wanted to state, you know, what your question was, and we would get back to you.

Stacie Dawson: Thanks, Christine. Thank you.

Geanelle Griffith Herring: Thank you for your question, ma'am.

Operator: And your next question comes from the line of Devin McHatten.

Devin McHatten: Hi. This is Devin McHatten.

Dr. Daniel Green: Hi.

Devin McHatten: Hi. I actually have the same computer glitch question, so I'll just contact the QualityNet desk.

Christine Estella: OK. Thank you.

Operator: And your next question comes from the line of Pudy Parshift.

Pudy Parshift: Excuse me. Did you say Pudy Parshift?

Operator: Yes.

Pudy Parshift: OK. I'm calling from Pain Management Medicine in Lexington, Kentucky.

We did try to send e-prescriptions with the claims, and by the end of 2011, I think, I did send everything that was needed. But then I got feedback. The report was done until October, and half of my claims hadn't gone through yet with this feedback. How would I know that we are qualified or not?

Molly MacHarris: Hi. This is Molly. So you're correct that the feedback report only provides claims with date service through October 31, and that are processed by December 31.

The final E-Prescribing Incentive Feedback Report doesn't come out until the fall of this year, so that's after the June 30 reporting period. So what you can do is, if by looking at the report, you – it looks like you were close to meeting the 25 instances, or if you are 100 percent certain that you met all those instances, you don't need to report for the six-month reporting window. However, I would suggest that you go ahead and still report your 10 e-prescribing instances by June 30 just to ensure that there aren't any glitches, and so you're not actually subject to the payment adjustment.

Pudy Parshift: So we can do claim-based claims for this – for this year until June with the G-code on them for 2012?

Dr. Daniel Green: That would be for 2013.

Molly MacHarris: So for the 2013 e-prescribing payment adjustment we have an additional reporting period from January 1 through June 30, 2012. The reporting criteria is that you must report 10 e-prescribing instances on claims. So it would have to be 10 different claims that you report these G-codes on.

So if you report all of those by June 30, our analysis will take that into effect when assessing the 2013 payment adjustment.

Pudy Parshift: All right. Thank you.

Molly MacHarris: Thank you.

Operator: And your next question comes from the line of Ann Lesini.

Ann Lesini: Hi. I actually have two questions. The first question is regarding – we purchased a practice in December of 2011. And I was wondering how that would affect us if the physician who was with the practice did not e-prescribe as was required?

Dr. Daniel Green: So are they practicing as part of your group now?

Ann Lesini: They are, yes. They came – they are an employed physician with our group now.

Dr. Daniel Green: So, kind of a package deal – you got the practice and the doctor. OK.

Ann Lesini: Right.

Dr. Daniel Green: If you – if the doctor is practicing now under your tax I.D. number and billing under your tax I.D. number and not his or her old tax I.D. number, for 2012 they shouldn't have any payment reduction. But you would need to report for him or her at least 10 times in the first six months to avoid the 2013 payment adjustment.

Ann Lesini: Right. OK. Yes. That's already being worked on. Great.

Dr. Daniel Green: Yes. I mean, just as an FYI, I would advise you to – I mean, you don't have to, but I would advise you, if you do the 10 in the first six months of 2012, you may want to do another 15. Again, let's assume that you're using the denominator codes that appear at the measure for, let's say, E&M services, for example – if you do another 15 by claims in the second half of the year or even all 25 in the first half of the year, if they are for denominator-eligible services, the doctor would get out of the 2013 payment adjustment and also the 2014 payment adjustment. So then you'd essentially be done for that person.

Ann Lesini: OK. Great.

Dr. Daniel Green: OK?

Ann Lesini: The second question was regarding the fact that we think we have the taxonomy issue that you mentioned earlier. We have a few letters. We're mainly a large urology group.

But we have four radiation oncologists on board that provide IMRT services to our patients. So they really don't fall into that category because they – they're like 1 percent of their codes are Evaluation and Management codes.

So what – how would we respond to that letter? Since they're falling under a urology specialty, I'm guessing, because of the way we are set up under our group NPI at NPPES. But yet they're not traditional physicians that do consultations and office visits all day long.

Molly MacHarris: Hi. This is Molly. Can you please clarify which letter you're referencing? We provide a fair amount of mailings, and we just want to make sure we know exactly what you're speaking about.

Ann Lesini: It says – it's from Department of Health and Human Services. Important message from Medicare, and it says it's a letter to inform you that you're subject to a payment adjustment under Medicare Electronic Prescribing eRx Incentive Program because you did not meet the program requirements for the six-month period from January 1, 2011, through June 30, 2011. And they are saying that there will be a 1 percent reduction.

Molly MacHarris: OK. So that's for purposes of the 2012 e-prescribing ...

Ann Lesini: Yes.

Molly MacHarris: ...payment adjustment. So that would mean that that provider's claim should currently be assessed at a 1 percent reduction. Is that occurring?

Ann Lesini: We have not seen that reduction yet. But this is a radiation oncologist, and they're providing IMRT services, not office visits and prescribing services.

Molly MacHarris: Do you know if that provider requested a hardship back in October–November of last year?

Ann Lesini: Not with us. They're with us one day a week. They also have a full-time practice.

Dr. Daniel Green: So was that letter associated with your particular tax I.D. and NPI number or the doc's NPI number?

Ann Lesini: It's associated with our TIN, yes.

Molly MacHarris: I think what would be best on this situation, just so we can look into this a little bit more, is if you contact the help desk, and they can research this ticket and then bring it up to us and we can review.

So, again, the contact information for the QualityNet help desk is...

Ann Lesini: We have it.

Molly MacHarris: OK. Great.

Ann Lesini: We wrote it down earlier. Thank you.

Molly MacHarris: OK. Thank you.

Ann Lesini: Thanks a lot.

Operator: Your next question comes from the line of Pamela Ladosh.

Geanelle Griffith Herring: Hello?

Operator: That question has been withdrawn. Your next question comes from the line of Anita Abrams.

Anita Abrams: Yes. This is Anita Abrams. I don't have the slides in front of me.

Can you just tell me again how to obtain these reports? Is it on the slides, that information or . . . ?

Molly MacHarris: Hi. This is Molly. Yes, that information is available on the slides, and the slides are located on cms.gov/pqrs. On the left-hand navigation bar there is a

Sponsored Call page. If you click on that and then if you scroll towards the bottom, there should be a link to the slides with today's date on them.

Geanelle Griffith Herring: And this is Geanelle Griffith Herring. We also e-mailed a direct link to the slide presentation to the person who registered for today's call. So you should be able to access the slides that way as well.

Anita Abrams: OK. All right. Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Louise Wierzorkowski.

Louise Wierzorkowski: Hi. We wanted to know if the 10 that needed to be reported – do they need to be reported by – to Medicare by June 30, or to the national by June 30?

Molly MacHarris: Can you clarify what you mean by “the national”?

Louise Wierzorkowski: National is...

Dr. Daniel Green: You mean the National Claims History?

Louise Wierzorkowski: Yes.

Dr. Daniel Green: Yes. No. It needs to be reported to your carrier MAC ...

Louise Wierzorkowski: To the carrier.

Dr. Daniel Green: It will take – it will take a couple of weeks for them to get it into Medicare, but we account for that.

Louise Wierzorkowski: So to Medicare by June 30 is fine?

Molly MacHarris: Right. So to clarify – this is Molly – the claims that have date of service from January 1 through June 30, 2012, and they must all be processed by the National Claims History by July 27, 2012.

So please make sure that you file your claims timely, because any claims with date of service even prior to June 30 that are processed after that last Friday in July, we will not be able to take into our analysis.

Louise Wierzorkowski: OK. Thank you.

Molly MacHarris: Thank you.

Operator: And your next question comes from the line of Lynne Reph.

Lynne Reph: This is Lynn. We are looking over an EOB that we had received for the N365 and the N545 that are going to be indicating – I think one's for PQRI and one's for the eRx, for the penalty.

The codes that were associated with that penalty, that was – that's going to be assessed on every code that we submit? Because we had pulled off a listing and it had involved some nursing home codes and some office codes, but no in-patient codes. Can you clarify that?

Molly MacHarris: So – this is Molly. So to clarify, the N365 remittance code indicates that a quality data code for program purposes – either for the Physician Quality Reporting System or the E-Prescribing Incentive Program – has been processed and has been stored into our warehouse.

The other code you're referencing – yes, that would apply on every claim for every allowed charge. And there should be the 1 percent reduction on every single claim.

Lynne Reph: On every charge, regardless if it was on the list of original codes that we're going to be assessed? We do outpatient – we do inpatient – we do nursing home. So that's going to be assessed on every code we submit?

Molly MacHarris: So – yes. So any codes that fall under the Medicare physician fee schedule there would be a 1 percent reduction taken.

Lynne Reph: OK. Thank you.

Molly MacHarris: Thank you.

Geanelle Griffith Herring: Holley, next question please.

Operator: Your next question comes from the line of Mary Ellen Scalise.

Mary Ellen Scalise: I'm going to withdraw my call. Thank you. It was already answered.

Geanelle Griffith Herring: Thank you for the question. Next question, Holley.

Operator: Your next question comes from the line of Debbie Grigeor.

Geanelle Griffith Herring: Debbie?

Operator: That question has been withdrawn. Your next question comes from the line of Pamela Ladosh.

Pamela Ladosh: Hi. We actually have the same or similar problem as some people, with a software failure with our company.

My question to you is – after we have realized that we are getting the penalty, we did go ahead and try to go to a registry with our 2011 codes, and actually submitted that. Now, will we be getting an incentive of that as well as our penalty, coming off as well?

Dr. Daniel Green: No. If you were successful at submitting the 2011 e-prescribing through a registry, you will not come off the penalty list for 2012. But you may earn an incentive for 2011, assuming you did not get a Medicare Meaningful Use EHR incentive payment.

So assuming that's the case, you would get a 1 percent incentive payment somewhere around August or September, give or take a month, which would essentially – if your charges are identical to last year, this year, they would basically be a wash, except this year you'd be getting 1 percent each time you submit a claim. And, of course, the payment incentive is made in a lump sum.

Pamela Ladosh: So that would be expected through August or September. Is there a report that can be noted on that, or you get the payment and then the report comes later?

Dr. Daniel Green: Typically, what happens is you get the payment, and we usually have the reports available roughly two to four weeks after the payments go out.

Pamela Ladosh: OK.

Male: So there's no way we can check it?

Pamela Ladosh: Yes, there's no – there's no way we can check it. OK. I appreciate that.

And then one other question with regard to the 2013. We did try to submit correctly those last few weeks of December when we found the software problem for 2011. How do we go about seeing if that last end, October through December, has been corrected, as assessed?

Dr. Daniel Green: OK. So a couple of things: First of all, if you reported through the registry on your 25 e-prescribing events or more for codes that appear in the denominator of the measure ...

Pamela Ladosh: Yes.

Dr. Daniel Green: ...that was count for 2013, to get out of the 2013 payment adjustment. So...

Pamela Ladosh: OK. Although – I understand what you're saying although we just did pull up our feedback report, and it did say we were likely to get the adjustment assessment because of the fault of the claims. But since the registry was done, we should be OK.

Dr. Daniel Green: You know, registry – we analyze all the different reporting methods independently. So, you know, to avoid the payment adjustment using the six-month reporting of the 10 eRx instances, that is only available via claims.

To ...

Pamela Ladosh: OK.

Dr. Daniel Green: ...report either for the incentive for the entire year and/or to get out of the year after's payment adjustment, so 2012 for the 2014 adjustment, we do

allow claims, EHRs, or registries. So – and each one of those reporting options is evaluated independently. All you have to do is meet one of them.

Pamela Ladosh: OK. All right. Lovely.

Dr. Daniel Green: You could contact your – I’m sorry, I didn’t mean to interrupt you. But you could contact your registry to try to get some feedback about your e-prescribing, you know, instead of waiting until August or September, if you’re interested.

Pamela Ladosh: So if they give us – they did give us the confirmation that it was submitted. Do they actually get a report? Would the registry give a report that we can get access to then?

Dr. Daniel Green: No. We don’t – we don’t give reports back to registries. We only give them back to individual eligible professionals.

Registries, though, tell us how many folks they’ve submitted on. We confirm that we received X number of files, if you will, or X number of eligible professionals that were reported on.

So – I mean, there are some loose checks. But, no, you won’t get anything official until – from us anyway – until September, or ‘round about September or October.

Pamela Ladosh: OK. That sounds great. Thank you for your help.

Dr. Daniel Green: Thank you.

Operator: And your next question comes from the line of Lori Durand.

Lori Durand: Hi. This is Lori Durand. I’m from Wisconsin Family Practice and, like others on the call, we have also had a software glitch, so are now getting the 1 percent reduction. And we have called the help desk multiple, multiple times, and are just told that there is not an appeal process.

So I'm – could you give me what I should do next then? Because they didn't offer anything like, "We'll send this on to CMS and they'll review it." So we tried the help desk multiple times.

Dr. Daniel Green: Give us just a second if you could please.

Lori Durand: OK.

Christine Estrella: Hi, ma'am. Yes. The help desk indicated there is no appeals process. However, we asked the help desk to forward enquiries such as this to CMS directly.

If you wanted to forward your information on again, you could provide your information to the QualityNet help desk who would forward it to us.

Lori Durand: OK. And we just take their word for it then that they will or do we...?

Christine Estrella: They have been instructed to forward the information to ...

Lori Durand: OK.

Christine Estrella: ...CMS directly.

Lori Durand: And is there anywhere to go to check that it's been, or how long do we wait until we hear from CMS?

Aucha Prachanronarong: I mean, as we indicated earlier. Sorry. I was trying to get closer to the mic. As we indicated earlier in the call (this is Aucha), we have completed our review of all 2012 e-prescribing payment adjustment issues. And we do plan to notify eligible professionals if in fact we have to remove you or are in the process of removing you from the payment adjustment list. So you should expect to hear something based on your communication with the help desk.

Lori Durand: So we should – you were pretty hard to hear, I'm sorry. So we should expect to hear something?

Aucha Prachanronarong: Yes.

Lori Durand: OK.

Christine Estrella: We don't have – unfortunately, we do not have a timeframe for you as to when CMS will notify you. However CMS directly is handling these issues.

Lori Durand: OK. And if we do hear, is it any chance then that the penalty will get removed, or we'll just simply get a notice that we – that you – CMS has reviewed it and, "Thank you very much for your time?"

Christine Estrella: Unfortunately, I can't comment on that matter right now. That matter is particular to the case at hand.

Lori Durand: OK. Thank you.

Christine Estrella: They will forward your notification for us.

Lori Durand: OK. Thank you.

Geanelle Griffith Herring: Thank you for the question. Holley, next question please.

Operator: Your next question comes from the line of Lydia Santiago.

Lydia Santiago: Hi. This is Lydia calling from Med Globe in Marietta, Georgia. I have a question, Is there actually supposed to be a 1 percent reduction at all for 2011?

And the reason why I ask that is there was a doctor in Morrow, Georgia, that did an in-service last week on April – hold on, I have it right here – April 10, I think it was. And it was called primaryforall.org, and he did this whole presentation. He is like the eRx guru.

And on one of his slides, which stuck out to me, he had 2011, 2012, 2013 – he had the penalty percentage on the right-hand side. And for 2011 it said zero. So I asked him about it on the call. And he said, no, there's not supposed to be any penalty or reduction – 1 percent reduction – because we did get the letter like everybody else on this call. So I'm really kind of wondering: Is there supposed to be a 1 percent reduction for 2011 reporting? We did report and we have the same issue as everybody else.

Molly MacHarris: So – this is Molly. So to clarify a couple of things – the E-Prescribing Incentive Program has incentive payments going out for program years 2011, 2012, and 2013.

The E-Prescribing Incentive Program also has payment adjustments for program years 2012, 2013, and 2014. We have to assess the payment – or we have to receive information on e-prescribing reported instances prior to the particular program year.

So, for example, for the 2012 e-prescribing payment adjustment, the reporting period was January 1 through June 30, 2011.

Lydia Santiago: Right.

Molly MacHarris: So there could just be some confusion out there. We haven't heard of this physician and his e-prescribing slides.

Lydia Santiago: Yes.

Molly MacHarris: So there could be some confusion on that piece. But, no, there is not a 2011 payment adjustment. Does that answer your question?

Lydia Santiago: Kind of. I can't find the letter right now, but I got the same letter as everybody else, telling me I'm getting a 1 percent reduction.

Christine Estrella: That's for ...

Dr. Daniel Green: 2012.

Christine Estrella ...2012. So if you're seeing a 1 percent reduction on your claims now for services ...

Lydia Santiago: But it said . . .

Christine Estrella: It starts in January.

Lydia Santiago: It said January 2011 through June 2011.

Molly MacHarris: So that – So this is Molly again. So to clarify – that letter indicates that it's for the 2012 e-prescribing payment adjustment. So that will be for all 2012 dates of service. For any code that is filled under the Medicare physician fee schedule, there will be a 1 percent reduction. So any claims with January 1 through December 21, 2012, dates of service will receive that reduction.

The 2011 dates in that letter reference the reporting period which was January 1 through June 30, 2011. That was what we needed to receive the 10 e-prescribing instances.

And to clarify – we do, of course, have this payment adjustment for years 2013 and 2014 as we've talked about on this call. We really do want all eligible professionals to get their reporting in. You only need to report 10 e-prescribing instances via claims by June 30.

If there is a significant hardship exemption that applies to you, please request that by June 30. And as Doctor Green mentioned earlier, we do have a 12-month reporting period for the 2014 payment adjustment. And all you would need to do is to submit 25 e-prescribing instances by the end of this year, and you would be exempt from the 2014 payment adjustment.

Dr. Daniel Green: Just to clarify the last point Molly made. Again, that's for – if you're trying to avoid the 2014 payment and potentially earn the 2012 incentive, those 25 e-prescribing instances need to be for codes that are contained in the denominator of the e-prescribing measure. If you're only trying to avoid the 2013 payment adjustment, we've broaden that so that it can be any Medicare Part B billable service.

Christine Estella: Hi. This is – this is Christine. If, for some reason, you're having – you're a little confused as to the reporting requirements regarding the E-Prescribing Incentive Program, please feel free – I know we've mentioned the QualityNet help desk with respect to the 2012 payment adjustment and having a particular situation e-mailed over to CMS.

However, the QualityNet help desk is also there to answer any of your questions regarding how to report the e-prescribing measure, if you're having confusion as to what years we have the payment adjustment.

So I would encourage you to contact them if you're having – if you have questions, actually, reporting the measure or how to comply with our program requirements.

Lydia Santiago: OK. Thank you.

Christine Estella: Yes. Do you – do you have the contact information?

Lydia Santiago: Yes.

Christine Estella: OK. Great.

Lydia Santiago: Thank you.

Christine Estella: No problem.

Geanelle Griffith Herring: Thank you for the question, Lydia. Holley, next question please.

Operator: Your next question comes from the line of Patricia Yorke.

Patricia Yorke: Hello. This is Patricia Yorke calling from Rockland Pulmonary in New York.

We have a little different situation than was voiced earlier. January 1, 2011, to February 28, 2011, we operated as our own organization under our own tax I.D. number. Starting March 1 to December 31, 2011, we were purchased by a large organization. Now we are operating under their tax I.D. number.

Now, it's very easy to monitor in-house our e-prescribing and who's doing what and who's not. So if the other offices that are under this medical group is not succeeding in their e-prescribing, will we also be penalized that 1 percent? Or is it done individually? Is it done per tax I.D. number? How does – how does this work?

Christine Estella: So the E-Prescribing Incentive Program, the way – this is Christine – we analyze incentive payments and payment adjustments is based on an EP's TIN-NPI information. So – I mean, did you guys participate as a group practice under eRx GPRO last year?

Patricia Yorke: No.

Christine Estella: OK...

Patricia Yorke: We continued – we continued the whole – we started in – on January 1 reporting via claims. And we just continued through.

Christine Estella: OK. So then if you did participate as GPRO, each EP would [be] analyzed under the TIN–NPI level. So, for example, you had your practice at the beginning of the year before you were consolidated – if you're analyzed at the NPI level, that practice – or EPs in that practice – if they wished TINs or NPIs for some reason during the – during last year they wouldn't be – the old TIN-NPI wouldn't be assessed the 2012 payment adjustment.

As far as the new TIN-NPIs, if you switch over a new TIN-NPI during the – at some point during the 2011 – during the 2012 payment adjustment reporting period, that was from January through June 2011 of last year...

Patricia Yorke: Yes. We did. We are now under their tax I.D. number.

Christine Estella: Right. Each TIN–NPI would have had to meet the requirement if the payment adjustment applied to you for the 2012 payment adjustment.

Patricia Yorke: I'm still not understanding. So if all of our doctors in our practice succeeded in reporting the 25 e-prescribing, but, let's say, our office in Orangetown didn't, are we going to suffer the 1 percent – are our doctors individually going to suffer the 1 percent decrease?

Christine Estella: So...

Dr. Michael Rapp: The issue is each of your – each of the doctors are analyzed at the NPI-TIN level. So if you – it sounds like you're asking when you get this other TIN connected with your NPIs ...

Patricia Yorke: Which we already have.

Dr. Michael Rapp: ...are you now affected by what that TIN in connection with the other NPIs ended up with?

Patricia Yorke: That's correct. That's exactly what I'm asking.

Dr. Michael Rapp: So the answer is, no, that should not be the case, because for the purpose of the e-prescribing incentive at the – or payment adjustment – at the individual level, it's that unique TIN-NPI combination.

So what the TIN and NPI – what some other NPI connected to the TIN did doesn't affect the new NPI-TIN combination. So it may be that, for example, you had to have at least 100 services in a particular TIN-NPI during the January 1 to June 30, 2011, to be even considered for the – for the payment adjustment. So if you didn't have that, then you wouldn't be.

If you, let's say – but now you've got a new TIN-NPI combination, so I'm not sure how you would ever be considered for the – for the payment adjustment. If you did – if for part of the year – it sounds like part of the year, the second half of that six-month reporting period, this TIN-NPI combination that you're operating under now was in effect, if you did the reporting for the 10 instances, then you would be off the payment adjustment list.

But you should be able to figure it out by going to your remittance advices and seeing – is the payment adjustment being applied or not?

Patricia Yorke: OK. OK. And also, in years past, we had an IACS account. But now that we became part of this larger organization, will this same IACS account – will I be able to get the information, or we have to open a new IACS account because it's a new tax I.D. number?

Molly MacHarris: You're going to have to request a new IACS account. The IACS account is specifically linked with a Tax Identification Number.

Patricia Yorke: I was afraid of that. OK. All right. Thank you very much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Toni Ambrosy.

Toni Ambrosy: Hi. Could you go over one more time about the attaching the G-code to any part B billable service?

Dr. Daniel Green: So if you're trying to avoid the 2013 payment adjustment, your – all one of the eligible professionals needs to do is have a qualified e-prescribing system that we list the qualifications in the measure, and they have to E-Prescribe on 10 separate occasions for a Medicare Part B billable service.

So, unlike last year where it had to be one of the codes in the denominator of the measure, if they're only trying to get out of the 2013 payment adjustment by reporting 10 times in the first six months of 2012, it needs to be for a Medicare Part B billable service. It doesn't have to be one of the codes in the denominator.

If they're trying to get out of the 2014 payment adjustment, and they're doing the 25 e-prescribing events, it does have to be associated with one of the codes in the denominator of the measure. That also would potentially make the eligible professional eligible to earn a eRx reporting incentive, provided they did not also earn a Medicare Meaningful Use EHR incentive for the same year.

Toni Ambrosy: OK. We have one other question. In your presentation on page six, the bullet about the 100 cases containing the encounter paid during the 2012 eRx six-month reporting period – did that not used to be 100 cases in a year?

Christine Estella: This is – this is Christine. That actually was last year to the – our first payment adjustment, which is 2012, we had the same requirement for the six-

month reporting period. And so it's basically 100 cases for the six-month reporting period.

Toni Ambrosy: OK. All right. Thank you.

Operator: Your next question comes from the line of Louise Wierzorkowski.

Louise Wierzorkowski: Hello. If the nurse practitioners and PAs have not reported, but the doctors have successfully reported, will we be penalized?

Christine Estella: This is – so basically, according to our program requirement, you are analyzed under each TIN-NPI. So if you have a TIN-NPI specifically as your – 10 percent of your charges are comprised of at least – or you have at least 10 percent of the charges comprised within the denominator codes of our e-prescribing measure, then you would be subject to the payment adjustment.

Dr. Michael Rapp: So this gets back to the same issue before that everybody at the individual is analyzed with the unique NPI-TIN. So in some case I believe nurse practitioners bill under the NPI of the physician, is that right? And in other cases they bill under their own NPI.

So if the physician is not subject to the payment adjustment having reported, and the nurse then bills under that NPI, then there would be no payment. On the other hand, if the nurse under the nurse's own NPI was subject to the payment adjustment, if they bill from 2012 on that basis, then they would be.

Louise Wierzorkowski: OK.

Dr. Michael Rapp: It's how you – it's how you – it's a unique NPI-TIN to which the payment adjustment applies. So you were able to avoid the payment adjustment in 2012 by doing something in 2011, and then – the application of the payment adjustment, however, depends upon how you bill in 2012.

Louise Wierzorkowski: OK.

Geanelle Griffith Herring: Thank you for the question. Next question, Holley.

Louise Wierzorkowski: I have one more. Can I ask one more?

Geanelle Griffith Herring: OK. Go ahead.

Louise Wierzorkowski: We had...

Dr. Michael Rapp: Did that – did you understand what I was saying?

Louise Wierzorkowski: Yes.

Dr. Michael Rapp: OK. I just want to make sure that I.

Louise Wierzorkowski: We have two – we had two new doctors start with us in July but made their numbers from July to December 2011. Is this OK?

Dr. Michael Rapp: When you say “made their numbers,” you mean what? That they e-prescribed 25 times?

Louise Wierzorkowski: Yes.

Dr. Michael Rapp: So then they would potentially be eligible for the incentive that will be paid sometime in 2012 with respect to. . . . Since they just started in July with you, then they couldn't have had 100 cases in the January through June 30 period, so they would not be subject to any payment adjustment in 2012, and they should not be getting one applied to them. Is that how it is working for them?

Louise Wierzorkowski: OK. OK. Thank you.

Geanelle Griffith Herring: Thank you for the question. Next question, Holley.

Operator: Your next question comes from the line of Darlene Egan.

Darlene Egan: Hi. Thank you for taking my call. I'm calling from a radiology group in Connecticut, and I'm wondering – I'm a little confused with whether we are one of the physicians that you mentioned earlier, who would not need to be – who would not be subject to the payment adjustment because of our specialty and our taxonomy or if we must be one of the ones that report the G8644 on or before June 30, 2012.

We are a radiology group. We – they have prescribing rights; however, they do not prescribe. And there is no E&Ms.

Dr. Daniel Green: OK. So, I was going to say – unless they're billing 100 E&M services, which would be highly unlikely for radiologists, you wouldn't be subject to the payment adjustment.

Darlene Egan: So we...

Dr. Daniel Green: You would not meet the criteria for inclusion in the payment adjustment part of the program.

Darlene Egan: So, again, no need to report the G8644 either?

Dr. Daniel Green: Are you saying that they do . . . ? She's saying that they have no E&M services.

Aucha Prachanronarong: I would probably (this is Aucha) – I would probably just double check the e-prescribing measure's denominator, and the codes in those, to make sure that they don't bill those codes ...

Darlene Egan: OK.

Dr. Michael Rapp: But if there were – if you have some doubt about it, and they don't prescribed more than 100 times.

Darlene Egan: They don't prescribe at all.

Christine Estrella: Yes. So the G-code G8644, which we indicated earlier, which is the code that you would report, stating that the EP does not have prescribing privileges – you could use that code. So if you had any doubt as to whether or not the EP was subject to the payment adjustment, you could report that G-code G8644 on a claim.

Dr. Michael Rapp: Well, they have prescribing privileges, but they don't prescribe. So that's – if you – if you indicated that, then you would be for sure taken care of.

Darlene Egan: OK. I think I'd rather be safe than sorry, so I'll report it. Now, again, reporting it – we have – we're all under one tax I.D., each individual NPI – and you said it's at the level of the NPI and tax I.D. – so I would have to report this once on each claim for each doctor?

Aucha Prachanronarong: Yes.

Darlene Egan: OK. And it's regardless of location? Because we have nine different offices.

Dr. Michael Rapp: Well, it has to do with the NPI-TIN.

Darlene Egan: OK.

Christine Estrella: So if a doctor, for example, has multiple TIN–NPI combinations, then you have to report it for each TIN–NPI.

Darlene Egan: OK. Thank you very much for your answer. It was great.

Geanelle Griffith Herring: Thank you for the question. Holley, we have time for just one more question.

Operator: OK. And your final question comes from the line of Jennifer Martin.

Jennifer Martin: Hi. I'm Jennifer Martin with the Medical Group Management Association.

My question is, if a provider was a successful E-Prescriber in 2011, meaning they submitted at least 25 instances of e-prescribing – but they didn't earn that bonus because they were also trying to get the Medicare Meaningful Use money – are they still going to be considered successful in the program as far as being able to avoid the 2013 penalty is concerned?

Dr. Daniel Green: This is going to be a long answer so – but I'll try to be clear. The answer to that would be yes. They would be out of the 2013 payment adjustment.

Jennifer Martin: OK. Is there any FAQ or CMS document that could clarify that? I haven't seen anything in writing. It would be helpful.

Christine Estrella: We'll work on that.

Dr. Daniel Green: Thanks for your suggestion. We can do that.

Jennifer Martin: OK. Great. Thank you very much.

Dr. Daniel Green: Thank you.

Geanelle Griffith Herring: Thank you for the question, Jennifer.

Additional Information

Unfortunately, this is all the time we have for today's call. So if you did not get an opportunity to ask your questions today to our subject-matter experts gathered here, please contact the QualityNet support help desk at 866-288-8912. They are available from 7 a.m. to 7 p.m. Central Standard Time, Monday through Friday. You can also e-mail them at qnetsupport at s as in Sam, d as in dog, p as in Paul, s as in Sam dot org.

Please note: While we were not able to address every question that we received prior to today's call, we will review them and use them to develop future Frequently Asked Questions, educational products, and also future listserv messaging on the program.

On slide 36, you will find information and a URL to evaluate your experience today on this National Provider Call. Evaluations are anonymous and strictly confidential.

I should also point out to you that registrants for today's call will receive a reminder e-mail from CMS National Provider Calls Resource Box, within two business days regarding the opportunity to evaluate this call. You may disregard this e-mail if you have already completed the evaluation.

Prior to the – excuse me, at the top of today's call, we gave out several announcements. If you joined us late, be sure to look in your e-mail box for an e-mail from the CMS National Provider Calls box with all of the announcements that were given at the top of the call.

We would like to thank everyone for participating today. An audio recording and written transcript of the call will be posted to the Physician Quality

Reporting System Web page on the CMS Web site under the “Sponsored Calls” tab when – excuse me, in approximately two to three weeks. We also will post a video slideshow presentation on the CMS YouTube channel.

Again, my name is Geanelle Griffith Herring and it’s been a pleasure serving as your moderator today. I’d like to thank Miss Molly MacHarris for providing us with today’s presentation, and all of the SMEs gathered here today for their participation in the question and answer portion of the call.

Have a great day, everyone.

Operator: Thank you for participating on today’s call. You may now disconnect.

END